## FORM D

SEC 1972 (6-02)

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION



1 of 9

•	UNIFORM LIMITED O	FFERING EXE	IMPTION	
<del>-</del> :	n amendment and name has changed, and inc	dicate change.)		
Offering of \$500,000,000 o				
Filing Under (Check box(es) that apply): Type of Filing: New Filing	☐ Amendment		Section 4(6) ULOE	
		IFICATION DATA		
<ol> <li>Enter the information requested about</li> </ol>				
	an amendment and name has changed, and	indicate change.)		
	ries of Civic Capital Funds, LLC			
Address of Executive Offices  One International Place, S	(Number and Street, City, Staute 2401, Boston, MA 02110	ate, Zip Code)	Telephone Number (Including a 617-310-6150	Area Code)
Address of Principal Business Operation		ate, Zip Code)	Telephone Number (Including	Area Code)
(if different from Executive Offices)	,	-, - <b>P</b> - · · · ,		,
Brief Description of Business:				
Socially Responsible Inves	tment Vehicle			
Type of Business Organization	ment venicle			
corporation	☐ limited partnership, already formed			
corporation	Infinited partitership, already formed	<b>⊠</b>	- (-1:6.) I imited I ich	ility Company
☐ business trust	☐ limited partnership, to be formed	⊠ otne	r (please specify): Limited Liab	
business trust				DONNERC:
Actual or Estimated Date of Incorporation		0   3		ଦ୍ୟ ୩ ୯ ୬ଜନା
Jurisdiction of Incorporation or Organiza			Part of the second	OCT 2 6 2004
	CN for Canada; FN for oti	her foreign jurisdiction)	DE	Para a second
GENERAL INSTRUCTIONS		•		FINANCIAL
Federal:				- LINGIO OF THE
	fering of securities in reliance on an exempti	ion under Regulation D	or Section 4(6), 17 CFR 230.501 et s	seq. or 15 U.S.C. 77d(6).
	later than 15 days after the first sale of secu date it is received by the SEC at the address tered or certified mail to that address.			
Where To File: U.S. Securities and Exch	ange Commission, 450 Fifth Street, N.W., V	Vashington, D.C. 20549.		
Copies Required: Five (5) copies of this of the manually signed copy or bear type	notice must be filed with the SEC, one of w d or printed signatures.	hich must be manually s	signed. Any copies not manually sig	gned must be photocopies
	st contain all information requested. Amend material changes from the information prev			
Filing Fee: There is no federal filing fee				
have adopted this form. Issuers relying of state requires the payment of a fee as a p	ance on the Uniform Limited Offering Exem- in ULOE must file a separate notice with the recondition to the claim for the exemption, a te law. The Appendix to the notice constitut	Securities Administrators fee in the proper amount	or in each state where sales are to be nt shall accompany this form. This	, or have been made. If a
	ATTF	NTION		
Colluge to file metics in the			fadamal assaurations of	
	ppropriate states will not resu			
	e federal notice will not result	in a loss of an av	vailable state exemption	unless such
exemption is predicated on	the filing of a federal notice.			
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Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

• Each promoter of t	•	ollowing: suer has been organized	within the past five years	s;	
<ul> <li>Each beneficial ow securities of the iss</li> </ul>		ower to vote or dispose, o	r direct the vote or dispo	sition of, 10%	or more of a class of equ
• Each executive off and	ficer and director	of corporate issuers and o	of corporate general and i	managing partn	ers of partnership issue
• Each general and r	nanaging partner	of partnership issuers.			
eck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
ll Name (Last name first, Civic Capital Group,					
siness or Residence Add	ress (Number and	1 Street, City, State, Zip (	Code)	***************************************	
One International Pla					50 1 1/
eck Box(es) that Apply:		⊠ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or  Managing Partner
Il Name (Last name first, DeSantis, John F.	, ii individual)				
siness or Residence Add	,	Street, City, State, Zip (	Code)		
One International Pla eck Box(es) that Apply:		oston, MA 02110  ☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
ll Name (Last name first,		Beneficial Owner	Executive Officer		Managing Partner
Matyi, Philip J.	, ii iiidividdai)				
	•	d Street, City, State, Zip (	Code)		
One International Pla eck Box(es) that Apply:		Beneficial Owner □	☐ Executive Officer	☐ Director	☐ General and/or
eck box(es) mat Appry:			Executive Officer	☐ Director	Managing Partner
ll Name (Last name first,	, if individual)				
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ll Name (Last name first,	, if individual)				
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eck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
ll Name (Last name first,	, if individual)	1			5-5-2
siness or Residence Add	ress (Number and	d Street, City, State, Zip	Code)		
neck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
ll Name (Last name first,	, if individual)	· · · · · · · · · · · · · · · · · · ·			<u> </u>
siness or Residence Add	ress (Number and	d Street, City, State, Zip	Code)		· · · · · · · · · · · · · · · · · · ·

A. BASIC IDENTIFICATION DATA

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first,	if individual)								
Business or Residence Addre	ess (Number an	d Street, City, State, Zip	Code)						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner				
Full Name (Last name first,	if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first,	if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first,	if individual)								
Business or Residence Address	ess (Number an	d Street, City, State, Zip	Code)						
	(Use blank shee	t or conv and use addition	onal copies of this sheet.	as necessary)					

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	
<ol> <li>What is the minimum investment that will be accepted from any individual?</li> <li>Does the offering permit joint ownership of a single unit?</li> <li>Enter the information requested for each person who has been or will be paid or given, directly or ind any commission or similar remuneration for solicitation of purchasers in connection with sales of secur the offering. If a person to be listed is an associated person or agent of a broker or dealer registered w SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to b are associated persons of such a broker or dealer, you may set forth the information for that broker or only.</li> <li>Full Name (Last name first, if individual)</li> <li>Business or Residence Address (Number and Street, City, State, Zip Code)</li> <li>Name of Associated Broker or Dealer</li> <li>States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)</li> <li>[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GZ [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MI]</li> </ol>	\$ <u>1,000,000*</u>
<ol> <li>Does the offering permit joint ownership of a single unit?</li> <li>Enter the information requested for each person who has been or will be paid or given, directly or ind any commission or similar remuneration for solicitation of purchasers in connection with sales of secur the offering. If a person to be listed is an associated person or agent of a broker or dealer registered w SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to b are associated persons of such a broker or dealer, you may set forth the information for that broker or only.</li> <li>Full Name (Last name first, if individual)</li> <li>Business or Residence Address (Number and Street, City, State, Zip Code)</li> <li>Name of Associated Broker or Dealer</li> <li>States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)</li> <li>[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MI]</li> </ol>	\$ <u>1,000,000*</u>
4. Enter the information requested for each person who has been or will be paid or given, directly or ind any commission or similar remuneration for solicitation of purchasers in connection with sales of secur the offering. If a person to be listed is an associated person or agent of a broker or dealer registered w SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to b are associated persons of such a broker or dealer, you may set forth the information for that broker or only.  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)  [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MI]	
any commission or similar remuneration for solicitation of purchasers in connection with sales of secur the offering. If a person to be listed is an associated person or agent of a broker or dealer registered w SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to b are associated persons of such a broker or dealer, you may set forth the information for that broker or only.  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)  [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GZ [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MI]	
Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	rities in with the pe listed
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	
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[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [W	VI] [WY] [PR]
Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	
(Check "All States" or check individual States)	
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[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [W	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check in dividual States)	□ All States
(Check "All States" or check individual States).	
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

<sup>\*</sup>Subject to the discretion of the Managing Member to accept lesser amounts.

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Aggregate Amount Already offering Price Sold Debt ..... Equity..... □ Common □ Preferred \$ \$ \$ Convertible Securities (including warrants) \$ \$ Partnership Interests..... Other (Specify LLC Interests )...... \$ 500,000,000 \$ 4,650,000 500,000,000 4,650,000 Total Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount of Purchases Number Investors Accredited Investors \$ 4,650,000 Non-accredited Investors \$ Total (for filings under Rule 504 only)..... \$ Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1. Type of Offering Type of Dollar Amount Security Sold Rule 505..... \$ n/a n/a \$ Regulation A..... \$ Rule 504..... Total..... 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees..... \$

\$ Printing and Engraving Costs  $\boxtimes$ \$ Legal Fees..... 5,000  $\boxtimes$ Accounting Fees \$ 20,000 \$ Engineering Fees ..... Sales Commissions (specify finders' fees separately)..... \$ Other Expenses (identify) S  $\boxtimes$ 25,000 Total ..... 5 of 9

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSE	S AND	USE	OF PROCEE	DS		
	b. Enter the difference between the aggregate offering price given in response to Part Question 1 and total expenses furnished in response to Part C - Question 4.a. This differenthe "adjusted gross proceeds to the issuer."				\$ _	4	199,975,000
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or propose used for each of the purposes shown. If the amount for any purpose is not known, fur estimate and check the box to the left of the estimate. The total of the payments listed must the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above	nish an st equal		,			
	was any and a green processes to the second and to second and a green was about	•	Pay:	ments to			
				fficers,			
				ectors & filiates	F		ments To
	Salaries and fees			innates 0			Others 0
	Purchase of real estate					_	0
	Purchase, rental or leasing and installation of machinery and equipment		_	0			0
	Construction or leasing of plant buildings and facilities		_			_	0
	Acquisition of other businesses (including the value of securities involved i		Ψ -			, -	
	this offering that may be used in exchange for the assets or securities of			•			
	another issuer pursuant to a merger)		\$	0		5	0
	Repayment of indebtedness		\$	0		•	0
	Working capital		\$	0		,	499,975,000
	Other (specify):		\$	0		s –	0
	Column Totals		\$	0	$\boxtimes$ 5	,	499,975,000
Total Payments Listed (column totals added)			\$	49	9,975	,00	00
	D. FEDERAL SIGNATURE	***					
the wr 50		.S. Seci	rities	and Exchange	Con	ım	ission, upon
Issu	ler (Print or Type) Signature			Date			
	ric Capital Fund I, a Series of Civic pital Funds, LLC	<u></u>		October ( G	, 200	4	
	me of Signer (Print or Type)  Title of Signer (Print or Type)						
Joh	n F. DeSantis President of Civic Capital Group, LL	C, its M	anag	ing Member			

## **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)